

Best Practices Working Group  
December 18, 2013  
9:00a – 10:30a  
Bureau of Health Care Safety and Quality  
99 Chauncy Street, 11<sup>th</sup> fl., Boston, MA

**Minutes**

<b>I. Attendees Name</b>	<b>Organization</b>
Stephanie Ahmed	Mass Coalition of Nurse Practitioners
Alejandro Alves	Office of Sen. Keenan
Adele Audet	BHCSQ / DCP / PMP
Arnold Bilansky	BHCSQ/ DCP/ PMP
Madeleine Biondolillo	BHCSQ / DCP / PMP
Caitlin Beresin	Committee MH./SA
Anton Dodek	BlueCross BlueShield
John Eadie	PDMP Center of Excellence
Kenneth Freedman	DPH Hospitals
Anuj Goel	MA Hospital Association
Holly Hackman	MDPH Injury Prevention
Ann Marie Harootunian	Mass Pain Initiative
David Hoffman	Dept Mental Health
Hilary Jacobs	MA BSAS
David Probert	Mass Association Of Physician Assistants
Bill Ryder	Mass Medical Society
Harriet Scheft	Harvard Vanguard
Cindy Steinberg	Mass Pain Initiative
Laurie Talarico	BRN
Gregory Volturo	MA College of Emergency Physicians
Joanne Trifone	Chain Pharmacy
David White	Mass Dental Society
Anita Young	BRPh
Leonard Young	BHCSQ / DCP / PMP

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I. The meeting began at 9:06 with a presentation by Alison Mehlman, Deputy General Counsel of the Department of Public Health's Office of General Counsel. Attorney Mehlman distributed a portion of the Open Meeting Law Guide and provided a brief overview of the Open Meeting Law requirements. She stated that this group is subject to the Open Meeting Law requirements because it was established by statute and has a designated membership. She reminded the group that a quorum must be present for meetings to occur and that the members may not deliberate via email. The members may communicate with staff, but staff may not facilitate email to the group, other than meeting notices and other administrative items. The requirements apply to subcommittees as well.

Attorney Mehlman also noted that this work group is subject to the Conflict of Interest law and she advised the members to review the State Ethics Commission website materials, including a 20 minute online training. If a member has questions, he/she may call the State Ethics Commission and speak with the attorney of the day.

II. The group then reviewed the Minutes of the November 8, 2013 meeting. Anita Young noted that she represents the Board of Pharmacy. Hilary Jacobs noted that she was present at that meeting, but is not listed among the attendees. With those two corrections, William Ryder made a motion to accept the Minutes, as corrected, and David White seconded that motion. The Minutes were unanimously approved.

III.A. Cindy Steinberg and Anne Marie Harootunian, both of the Mass. Pain Initiative ("MassPI"), presented "Chronic Pain as a Public Health Problem". Ms. Steinberg noted that in 2009 MassPI developed policies on pain that she would share with the group. She then reviewed the purpose of the initiative and presented statistics from the Institute of Medicine on the numbers of Americans living with chronic pain and the associated health care and lost productivity costs. She noted the many causes of chronic pain, the devastating impact and the difficulty in treating. She presented national data showing that the number of Americans (12 years of age and older) with chronic pain is ten times greater than the number of Americans that abuse prescription medications. There were several questions from attendees about generation of the data sets and comments about the CDC data being additive, not looking at individual years. There were concerns raised about data that is chosen to go into the draft report. Mr. Ryder cautioned that data may be misinterpreted. Dr. Biondolillo asked if Ms. Steinberg had data specific to Massachusetts. She responded that she did not.

Ms. Harootunian spoke about the many options for treating pain. She commented on the negative consequences of restricting supply of medications. Ms. Jacobs asked what was the basis of the statement (on the slides) that "doctors are hesitant to prescribe even for long-term patients", when the data show that the numbers of prescriptions are increasing.

David Probert commented that the experience in his practice is that for patients with chronic pain the doctors refer the patient directly to the pain clinic.

Dr. Biondolillo commented that the group had not seen the MassPI's data before and that it is surprising.

Ms Harootunian reviewed the MassPI recommendations for each of the six topics for best practices. After viewing the slide with recommendations regarding education, Mr. Ryder asked what happened to D.A.R.E.? (Stands for Drug Abuse Resistance Education) (Ms. Jacobs responded that the data show it was not effective and that nothing has replaced D.A.R.E.

Ms Harootunian will share her slides with the group.

Dr. Biondolillo reminded the group that their goal is not to recommend restrictions on prescriptions but to develop a recommendation for how to optimize the use of the PMP to ensure safe opioid use. Harriet Scheft noted that the recommendations on page 17 of the draft report address more than the use of the PMP.

III.B. Hilary Jacobs (not Jacobson, as was listed on the agenda), Director of the Department of Public Health's Bureau of Substance Abuse Services, reviewed what the Bureau of Substance Abuse Services funds. She provided information on the number of enrollments and characteristics of the populations served. She addressed their prevention efforts, which seek to prevent substance abuse across the life span. She spoke about the licensed acute treatment programs, licensed outpatient programs and services, as well as their non-licensed services to support people in the community. She provided two hand-outs:

- BSAS Principles of Care in Prevention, Treatment and Recovery, and
- BSAS Principles of Care and Practice Guidance.

She commented that effective treatment attends to the multiple needs of individuals, not just substance abuse. She stated that there needs to be a paradigm shift away from acute and episodic care to a more holistic approach. She added that the Principles of Care and Practice Guidance were developed with stakeholder groups and BSAS could develop best practices on how to integrate into primary health care practices. In response to a question about addressing pain, she responded that she could think about developing such a module.

IV. Dr. Biondolillo then asked for comments on the draft report. She asked that the members provide their feedback to Adele Audet by January 3, 2014. She noted that in the draft report the staff has tried to reflect the context, background and epidemiology. Although Chapter 224 mandated the use of PMP by practitioners, the interpretation of M.G.L. 94C §1 has not historically included NP and PAs. However, the Administration is focused on that now. Since the use of PMP became mandatory, the number of

enrollees has grown from 2,000 to 12,000. Dr. Biondolillo added that she projects we will reach total enrollment in less than 3 years.

Dr. Biondolillo announced that there will be quarterly meetings going forward, with the next meeting in March. She reminded the group the expanded use of PMP is important. The Department is working on an amended law and parallel processes. The Bureau will go back to the Public Health Council with draft regulations in the first quarter of 2014, but she added that that is not the function of this work group.

Mr. Ryder stated that he wanted to make a motion that the final report be voted on by this group. Dr. Biondolillo responded that that is at the discretion of the Chairperson. Mr. Ryder responded that he doubts this is the discretion of the Chair. Ms. Jacobs commented that that is not how this has been done in the past. Markers could be placed where there was no consensus and the work group would see the report before it is released.

Ms Steinberg offered support for Mr. Ryder's proposed motion.

David Hoffman commented that the report included 'terse and vague' recommendations. He suggested that the recommendations need to be more specific and be clear what they are really saying.

Ms Audet reminded the group about the charge to include PMP in the recommendations.

Stacey Ober suggested that the report might need a glossary of terms.

Kathy Keough commented that it might be helpful if there were an additional meeting before the report is issued. She was uncomfortable having it go out without one more chance to vet it.

Dr. Voltoro echoed her sentiments. He noted that the report is well written and factual, but the problem is the data. At best it is observational, not evidence-based and yet the report recommends changing policy based on it. He added that we need prospective, controlled data; there is a lot of bias in the draft, although it is the best we have.

Dr. Biondolillo responded that the report is not for peer review, but as it is a report to the Legislature it is important to communicate where the data came from. She indicated that the draft is a first step and acknowledged the request for additional review of the document. She added that it is the intention to implicitly indicate where there is consensus and that she is happy to schedule subsequent meetings and review the document as it gets closer to the final version.

Mr. Probert commented that there has not been a lot of discussion of what is going into the report and yet it is going out under all the work group members' names.

Dr. Sheft commented that with the report we are trying to educate the readers, but she has a problem with the data. It needs more careful wording, e.g., on page 3, Figure 2, Poisoning/Drug Overdose are not subdivided.

Holly Hackman responded that 2/3 of all overdose deaths are associated with opioids as the underlying cause and that needs to be broken out.

Dr. Sheft requested a hyperlink to all the citations in order to be able to download them. She added that we need to educate the Legislature about heroin use. We need to be able to say we do not know the prescribed opioid deaths vs. the heroin opioid deaths. We need to present clear, careful information.

Dr. Biondolillo asked the members to comment on what they disagree with and what alternative data they would like to see.

Ms. Steinberg asked if they could have access to the raw state data. Ms. Hackman replied that they can request aggregated data. Ms. Steinberg also suggested the group used MassPI's recommendations.

Laurie Talarico commented that staff should review for consistency all the different terms (practitioner, prescriber, registered participants, etc.) used throughout the document. In addition, the Board of Nursing thought APRNs would be mandated and had updated their pain advisory to address APRNs.

Mr. Ryder asked if there were a way to post comments on the website.

Dr. Biondolillo responded that the Minutes are on the website. Comments would be condensed and incorporated in the next draft. An audience member commented that the Division of Insurance has used listening sessions to disseminate information.

Ms. Steinberg asked where the work group information was posted. A link will be sent to the members and stakeholders.

Dr. Biondolillo ended the meeting by commenting that there will be another draft and another meeting in early January. The meeting ended at 11:00 a.m.